

*Long Term Acute Care Hospital Supplemental
Per Diem Rate Calculation Sheet
Jan 1, 2011 – Sept 30, 2011*

**Holy Family Medical Center
100 North River Road
Chicago, IL 60016**

· Hospital fiscal year 2008 Medicaid cost report total reported Medicaid cost (A)	No Applicable LTC Report	
· Hospital fiscal year 2008 Medicaid cost report total reported Medicaid days (B)		3,561
· Hospital fiscal year 2008 Medicaid cost report total reported Medicaid discharges (C)	No Applicable LTC Report	
· Hospital fiscal year 2008 Medicaid cost report based average length of stay		25.01
· Calculated hospital fiscal year 2008 Medicaid cost per diem (A / B)	\$	1,212.35
· Applicable DRI inflation factor <i>(Inflated from the midpoint of the hospitals FY to April 2011, rounded to 5 digits)</i>		1.13359
· Rate year 2011 inflated per diem rate	\$	1,374.31
- LESS -		
· Current Hospital Per Diem base rate o 89 IL Admin Code 148.270(c)(4)	\$	604.01
· Rate Year 2011 Disproportionate Share per diem rate (10/1/2010 - 09/30/2011) o 89 IL Admin Code 148.120	\$	-
· Rate Year 2011 Medicaid Percentage Adjustment per diem rate (10/1/2010 - 09/30/2011) o 89 IL Admin Code 148.122	\$	-
· Rate Year 2011 Medicaid High Volume Adjustment per diem rate (10/1/2010 - 09/30/2011) o 89 IL Admin Code 148.290(d)	\$	-
<i>Long Term Acute Care Supplemental per diem rate</i>	\$	770.30
<i>Rate to be paid for admissions on or after Oct. 1, 2011, subject to provider readiness review.</i>		

** Rates established based on new provider methodology. Refer to HFS for methodology rules.*